

Title 23: Division of Medicaid

Part 203: Physician Services

Part 203 Chapter 1: General

Rule 1.4: Physician Office Visits

- A. The Division of Medicaid covers twelve (12) physician office visits per state fiscal year whether occurring during or after office hours or provider established office hours.
- B. The Division of Medicaid:
 - 1. Defines regularly scheduled office hours as the hours between 8:00 a.m. and 5:00 p.m., Monday through Friday, excluding Saturday, Sunday and federal and state holidays, referred to in Rule 1.4 as “office hours”.
 - 2. Permits providers to set regularly scheduled office hours outside of the Division of Medicaid’s definition of office hours, referred to in Rule 1.4 as “provider established office hours”.
 - 3. Requires providers to maintain records indicating the provider’s established office hours and any changes including:
 - a) The date of the change,
 - b) The provider established office hours prior to the change, and
 - c) The new provider established office hours.
- C. The Division of Medicaid reimburses a fee in addition to the appropriate Evaluation and Management (E&M) code for a physician office visit when the visit:
 - 1. Occurs during the provider established office hours which are set outside of the Division of Medicaid’s definition of office hours, or
 - 2. Occurs outside of office hours or provider established office hours only for a condition which is not life-threatening but warrants immediate attention and cannot wait to be treated until the next scheduled appointment during office hours or provider established office hours.
- D. The Division of Medicaid reimburses only the appropriate E&M code for a physician office visit scheduled during office hours or provider established office hours but not occurring until after office hours or provider established office hours.
- E. Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) will be eligible to receive the additional fee contingent upon the Centers for Medicare and Medicaid’s (CMS) approval of an alternate payment methodology (APM) through a State Plan Amendment (SPA). The Division of Medicaid is requesting an effective date of November

1, 2013.

Source: Miss. Code Ann. § 43-13-121.

History: Revised eff. 11/01/2013.

Part 203: Physician Services

Part 203 Chapter 1: General

Rule 1.4: Physician Office Visits ~~–Extended Hours~~

- A. ~~Physician office visits provided during extended hours shall be reimbursed with a fee in addition to an appropriate office visit charge. Extended hours fees will be limited to visits for urgent situations that arise unexpectedly but are not emergencies that require the use of an emergency room as defined by the prudent layperson standard established by the Balanced Budget Act of 1997. The Division of Medicaid covers twelve (12) physician office visits per state fiscal year whether occurring during or after office hours or provider established office hours.~~
- B. ~~Extended hours office visits are defined as those that occur outside of regularly scheduled office hours. Medicaid covers the extended hours visit in addition to an appropriate evaluation and management (E/M) office visit procedure code and is covered only if the associated office visit is covered. The extended hours office visit fee will not count toward the twelve (12) physician visits service limit. The Division of Medicaid:~~
- ~~1. Defines regularly scheduled office hours as the hours between 8:00 a.m. and 5:00 p.m., Monday through Friday, excluding Saturday, Sunday and federal and state holidays, referred to in Rule 1.4 as “office hours”.~~
 - ~~2. Permits providers to set regularly scheduled office hours outside of the Division of Medicaid’s definition of office hours, referred to in Rule 1.4 as “provider established office hours”.~~
 - ~~3. Requires providers to maintain records indicating the provider’s established office hours and any changes including:~~
 - ~~a) The date of the change,~~
 - ~~b) The provider established office hours prior to the change, and~~
 - ~~c) The new provider established office hours.~~
- C. ~~The provider must maintain records that document “regularly scheduled office hours”. Changes to the “regularly scheduled office hours” must be maintained in the provider’s record for audit purposes and must reflect the date of change, regularly scheduled hours prior to the change and the new hours. The Division of Medicaid reimburses a fee in addition to the appropriate Evaluation and Management (E&M) code for a physician office visit when the visit:~~
- ~~1. Occurs during the provider established office hours which are set outside the Division of Medicaid’s definition of office hours, or~~
 - ~~2. Occurs outside of office hours or provider established office hours only for a condition which is not life-threatening but warrants immediate attention and cannot wait to be~~

treated until the next scheduled appointment during office hours or provider established office hours.

- D. ~~Medicaid does not cover the extended hours office visit for regularly scheduled, non-urgent visits or when an appointment was scheduled for regular office hours but took place at another time because the regular schedule went overtime. The Division of Medicaid reimburses only the appropriate E&M code for a physician office visit scheduled during office hours or provider established office hours but not occurring until after office hours or provider established office hours.~~
- E. ~~Providers that are reimbursed based on cost-based methodology, i.e., encounter rates, such as Rural Health Clinics and Federally Qualified Health Centers, may not bill the extended hours office visit fee. Their costs for extended office hours should be included in their cost reports. Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) will be eligible to receive the additional fee contingent upon the Centers for Medicare and Medicaid's (CMS) approval of an alternate payment methodology (APM) through a State Plan Amendment (SPA). The Division of Medicaid is requesting an effective date of November 1, 2013.~~

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